



SAN DIEGO COUNTY INFLUENZA SURVEILLANCE

2021-22 SEASON

AS OF WEEK 42 (ENDING 10/23/2021)



CURRENT UPDATE

Reported Since July 1, 2021



LIVE WELL
SAN DIEGO

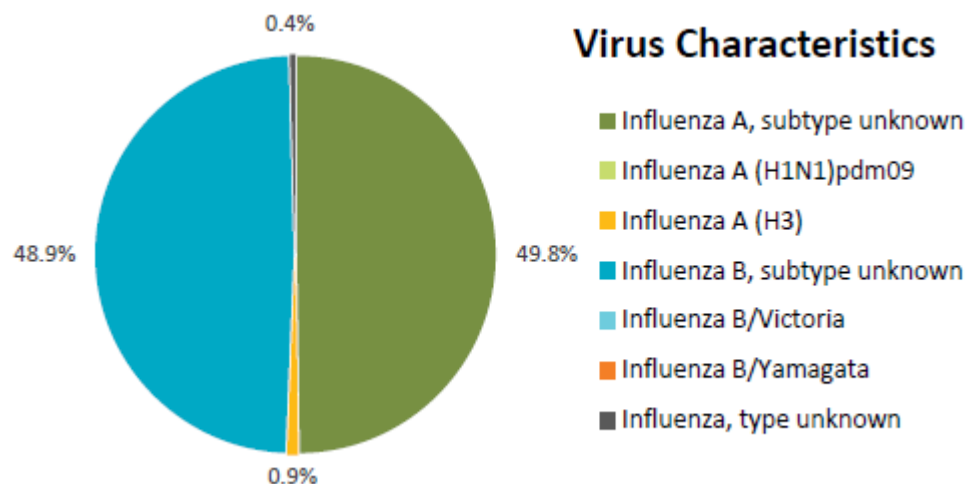
TOTAL REPORTED INFLUENZA CASES

N=229

0 Flu Deaths

0 Pediatric Deaths

0 Outbreaks



10/27/2021

Preliminary Results

Data Source: San Diego County Communicable Disease Registry

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

INFLUENZA SURVEILLANCE UPDATE, 2021-22 YTD



Table 1. Influenza Surveillance Indicators.

Indicator	2021-22 Season			2020-21 Season			Prior 5-Year Average*		
	Week 42	Week 41	Total To Date	Week 42	Total To Date	Season Total	Week 42	Total To Date	Season Total
All influenza detections reported (rapid or PCR)	14	20	229	3	10	848	18	163	11,781
Percent of emergency department visits for ILI	3%	3%		2%			3%		
Percent of deaths registered with pneumonia and/or influenza	5%	11%		10%			6%		
Number of influenza-related outbreaks**	0	0	0	0	0	0	0	1	48
Number of influenza-related deaths reported^	0	0	0	0	0	2	0	1	123

Influenza season is July 1 – June 30, Weeks 27-26. Previous weeks' case counts or percentages may change due to delayed processing or reporting.

*Includes FYs 2016-17, 2017-18, 2018-19, 2019-20, and 2020-21.

**At least one case of laboratory-confirmed influenza in a setting experiencing two or more cases of influenza like illness (ILI) within a 72-hour period.

Total confirmed influenza outbreaks in prior seasons: 34 in 2016-17, 119 in 2017-18, 25 in 2018-19, 61 in 2019-20, and 0 in 2020-21.

^Current FY deaths are shown by week of report; by week of death for prior FYs. Total deaths reported in prior seasons: 87 in 2016-17, 343 in 2017-18, 77 in 2018-19, 108 in 2019-20, and 2 in 2020-21.

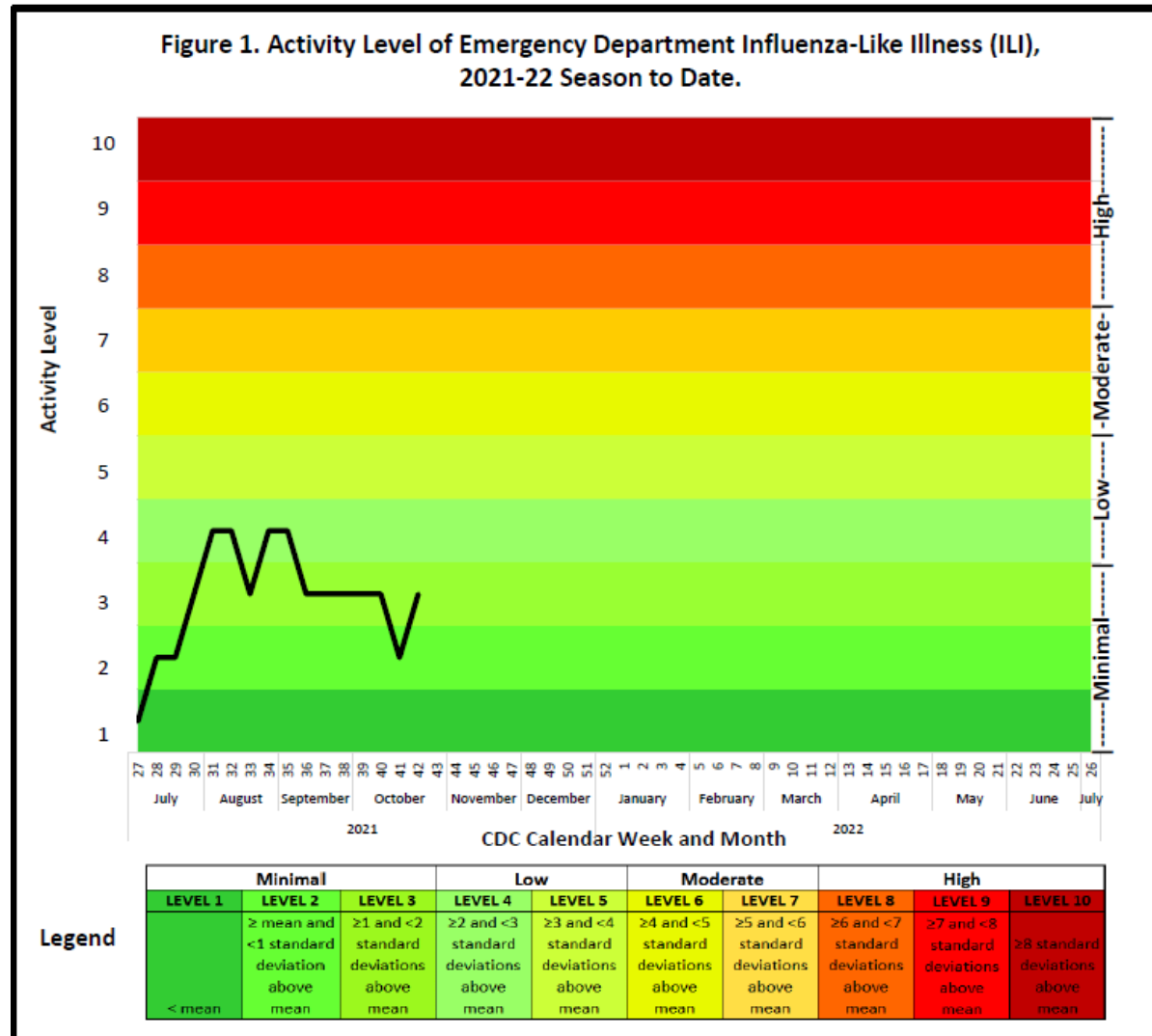
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Table 2. Influenza Cases by Week Reported, 2021-2022 Season

Positive Test Type/Subtype	Week 42	Week 41	Total to Date	Percent to Date
Influenza A, subtype unknown	12	14	114	49.8%
Influenza A (H1N1)pdm09	0	0	0	0.0%
Influenza A (H3)	0	0	2	0.9%
Influenza B, subtype unknown	2	6	112	48.9%
Influenza B/Victoria	0	0	0	0.0%
Influenza B/Yamagata	0	0	0	0.0%
Influenza, type unknown	0	0	1	0.4%
Total	14	20	229	100.0%

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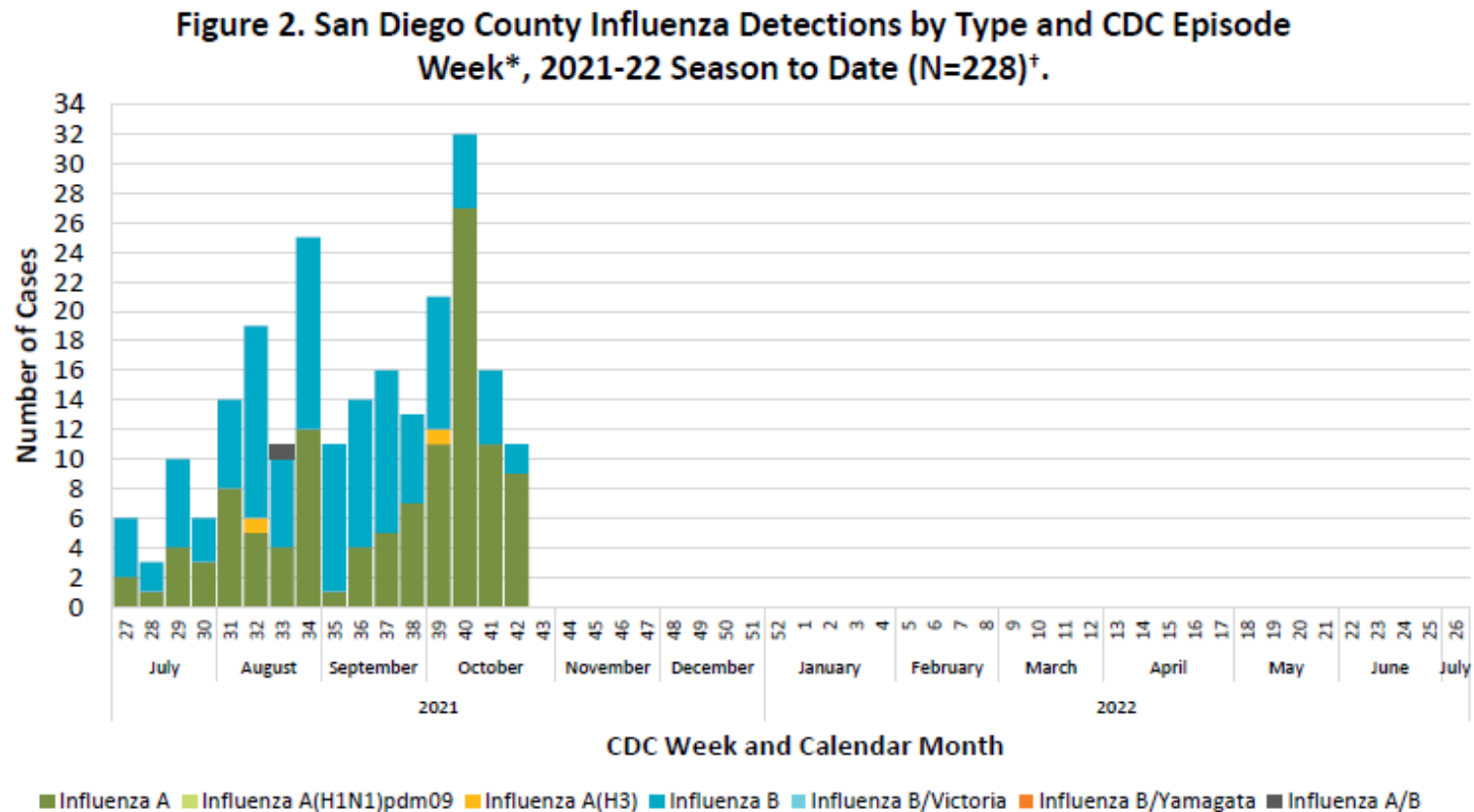
10/27/2021

Preliminary Results

Data Source: Emergency department chief complaint data

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch

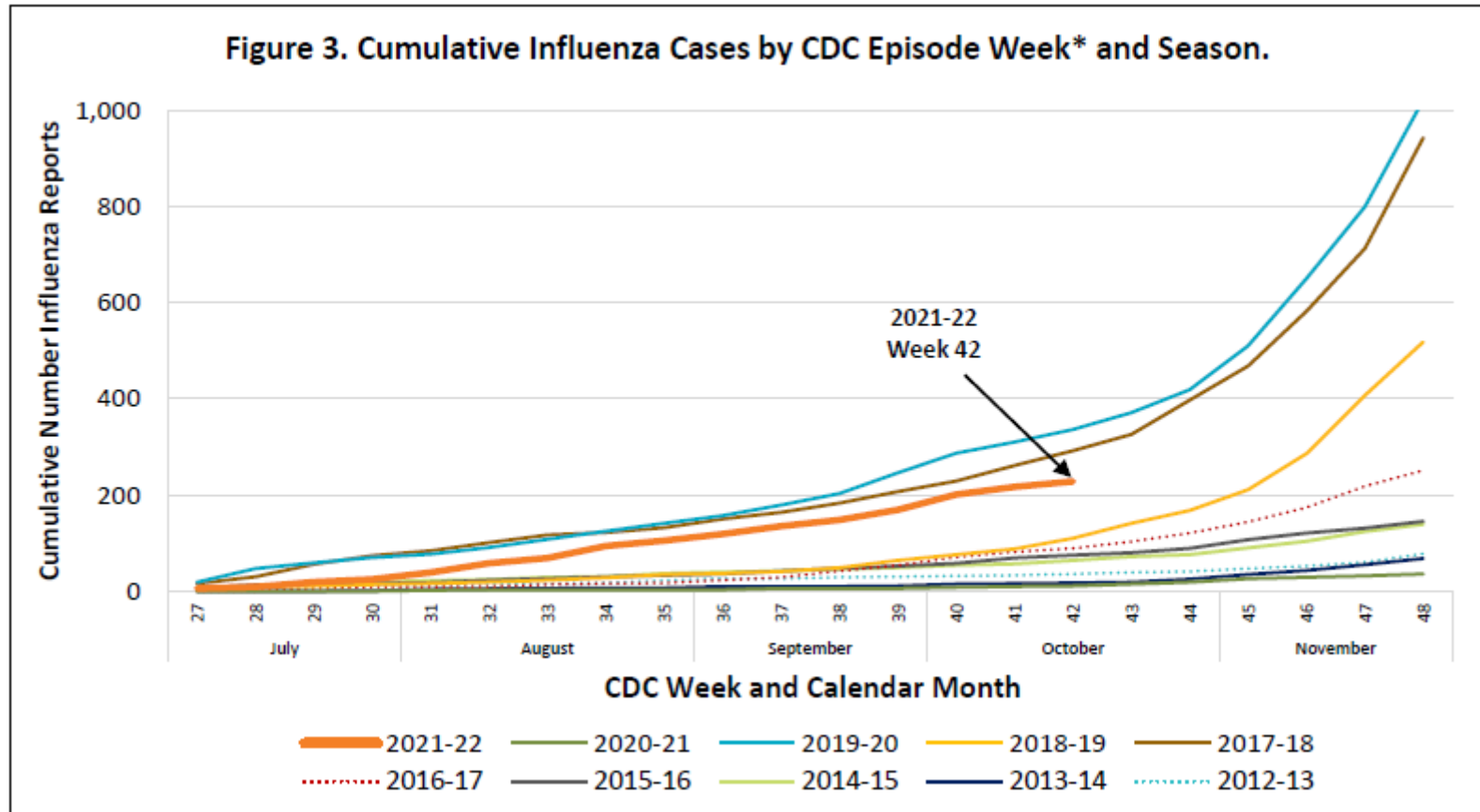
INFLUENZA SURVEILLANCE UPDATE, 2021-22 YTD



*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

†One case was reported after the start of the 2021-22 flu season but had an episode date during the 2020-21 flu season.

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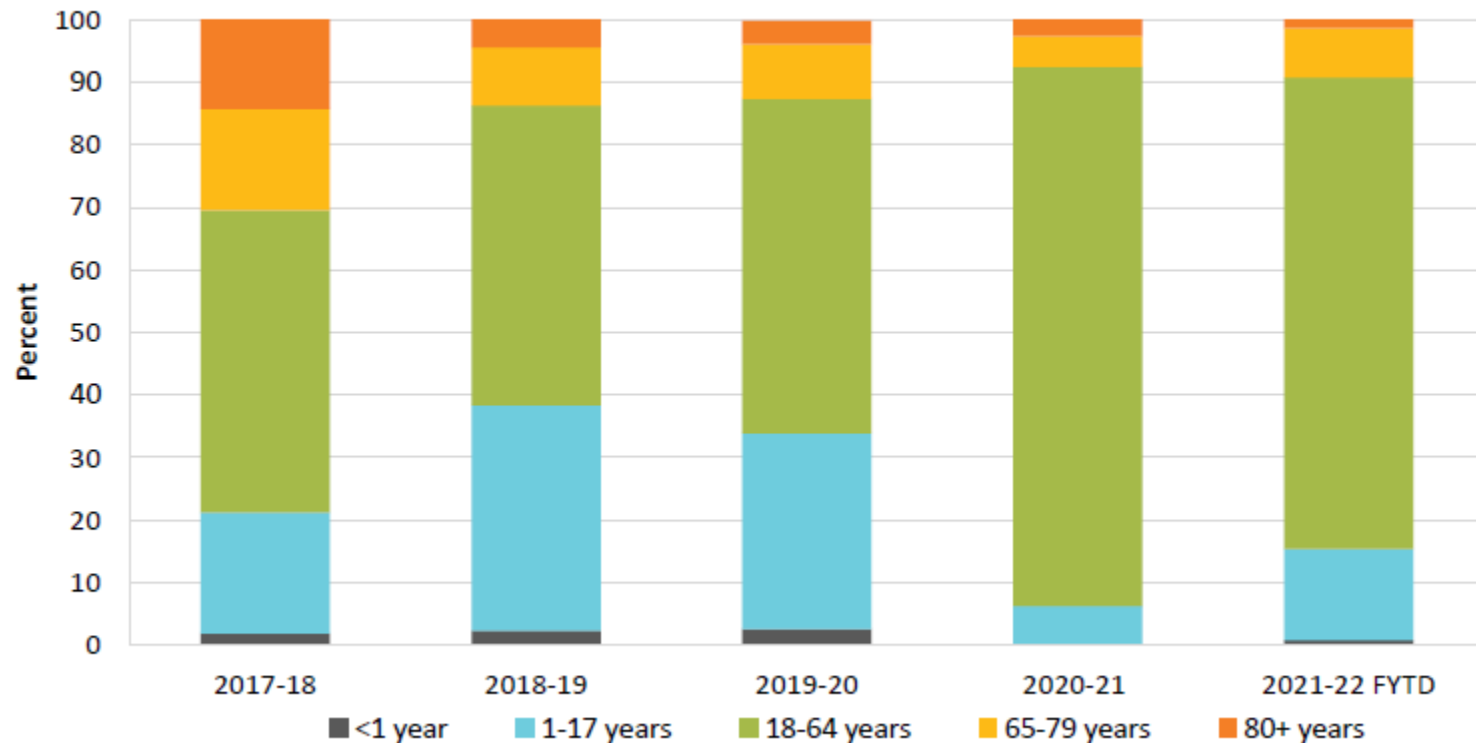


*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.

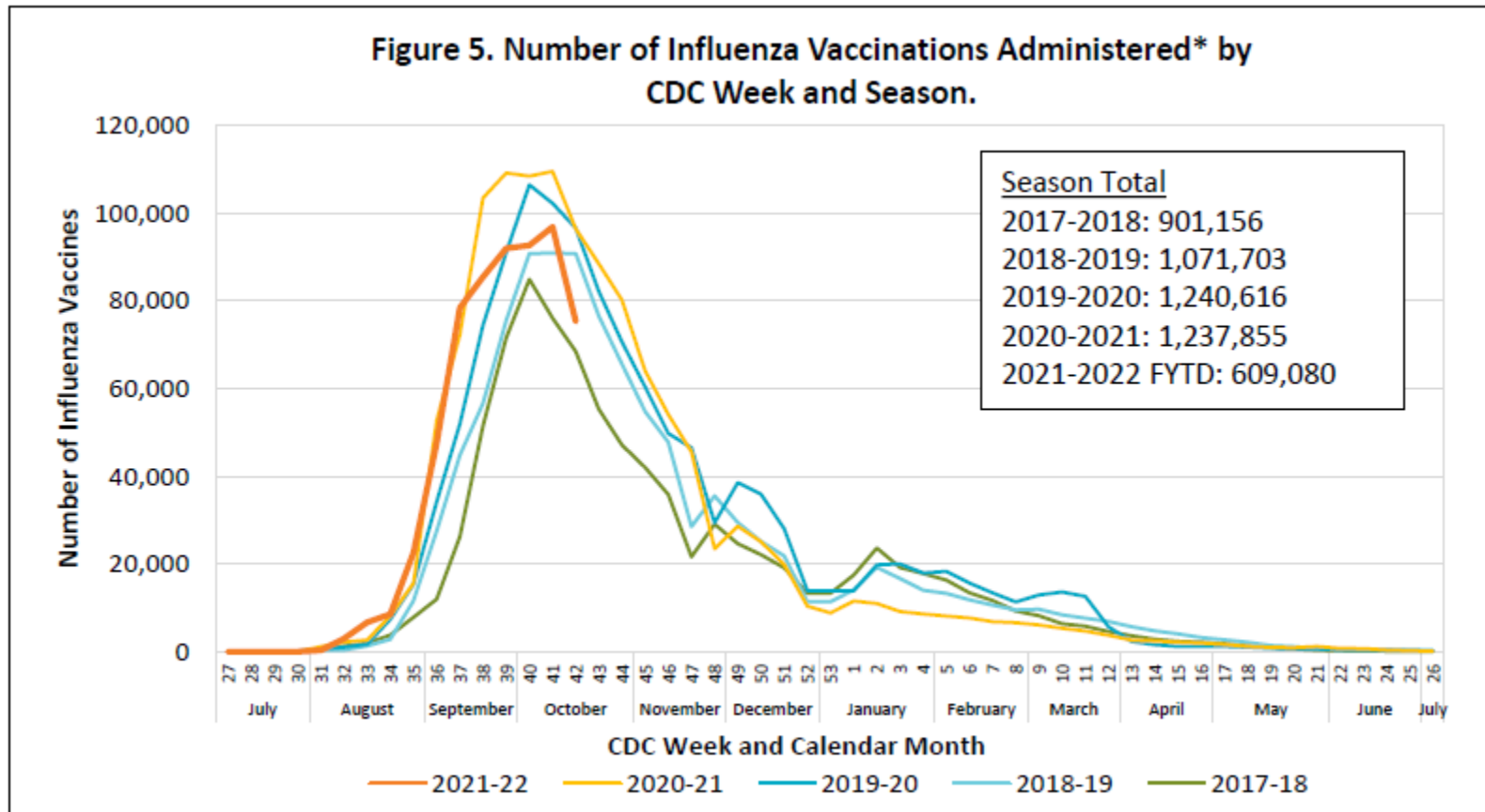
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Figure 4. Proportion of Influenza Cases by Age Group and Season.



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* Influenza vaccinations administered and entered into the San Diego Immunization Registry ([SDIR](#)). Week 52 data are repeated for week 53 for seasons that do not include week 53.

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Preliminary Results

Data Source: San Diego County Immunization Registry (SDIR)

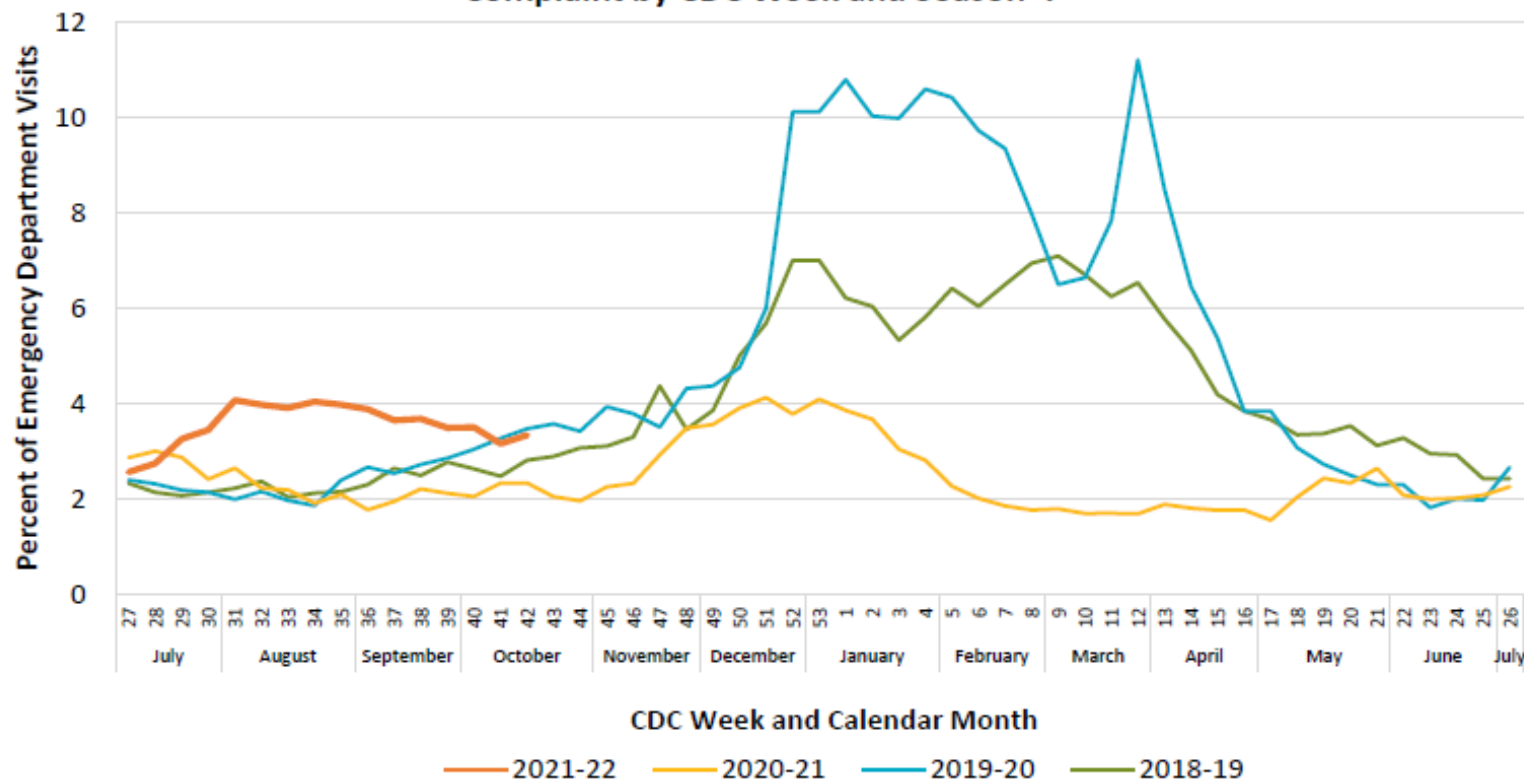
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INFLUENZA SURVEILLANCE UPDATE, 2021-22 YTD



LIVE WELL
SAN DIEGO

Figure 6. Percent of Emergency Department Visits for ILI Chief Complaint by CDC Week and Season*.



* Week 52 data are repeated for week 53 for seasons that do not include week 53.

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Preliminary Results

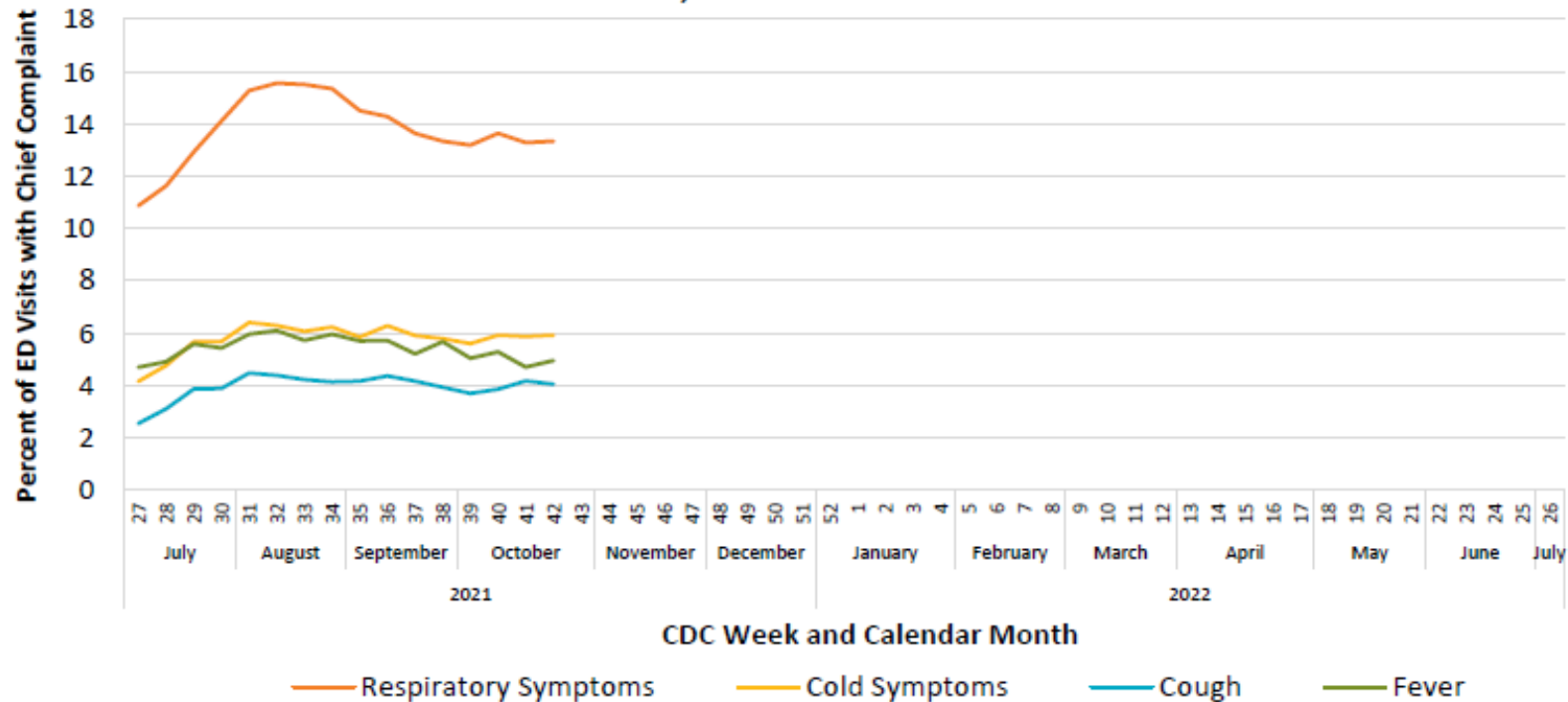
Data Source: Emergency department chief complaint data

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Figure 7. Percent of Emergency Department Visit Chief Complaints for Cough, Cold, Fever, or Respiratory Symptoms* by CDC Week, 2021-22 Season to Date.

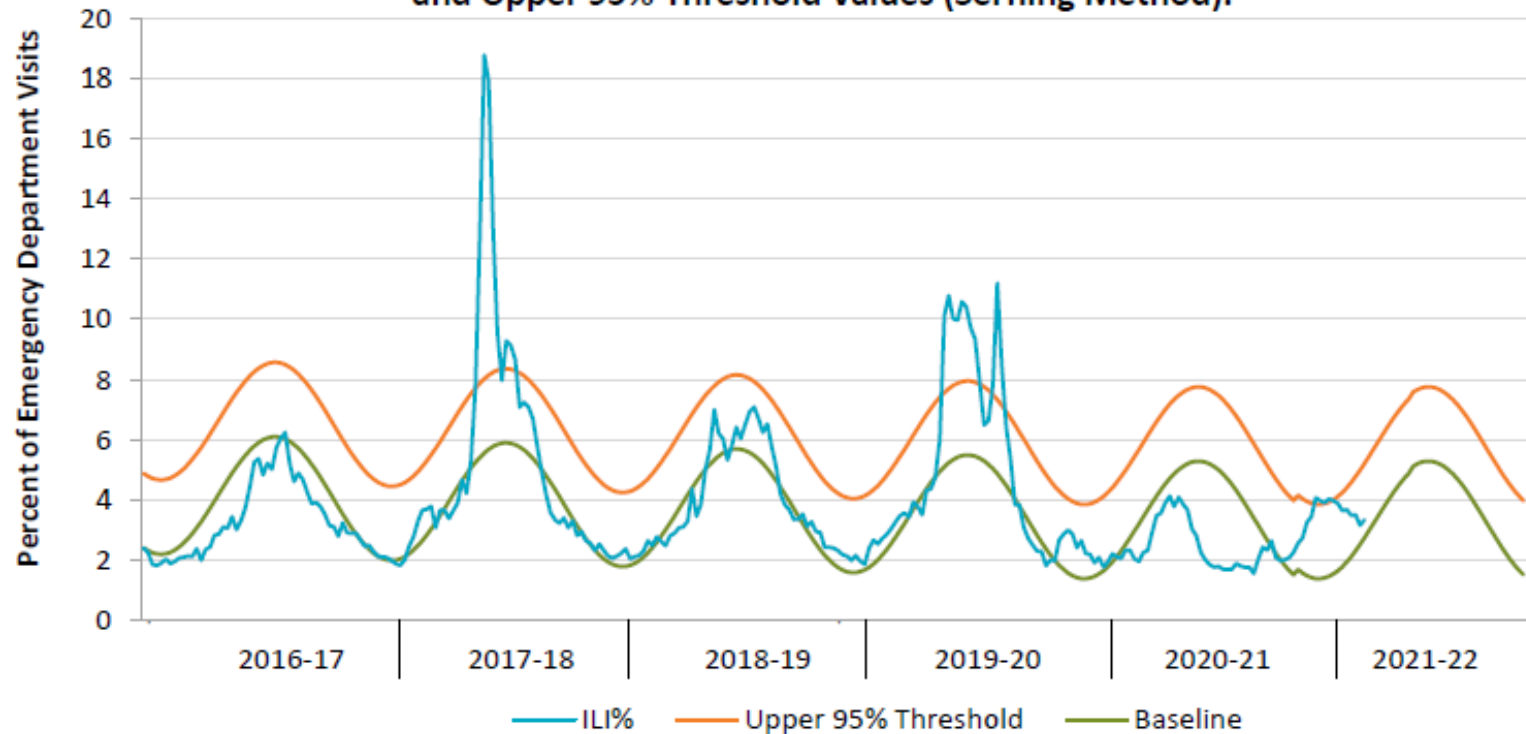


* Respiratory category includes cough, cold symptoms, influenza-like illness, and other respiratory symptoms.

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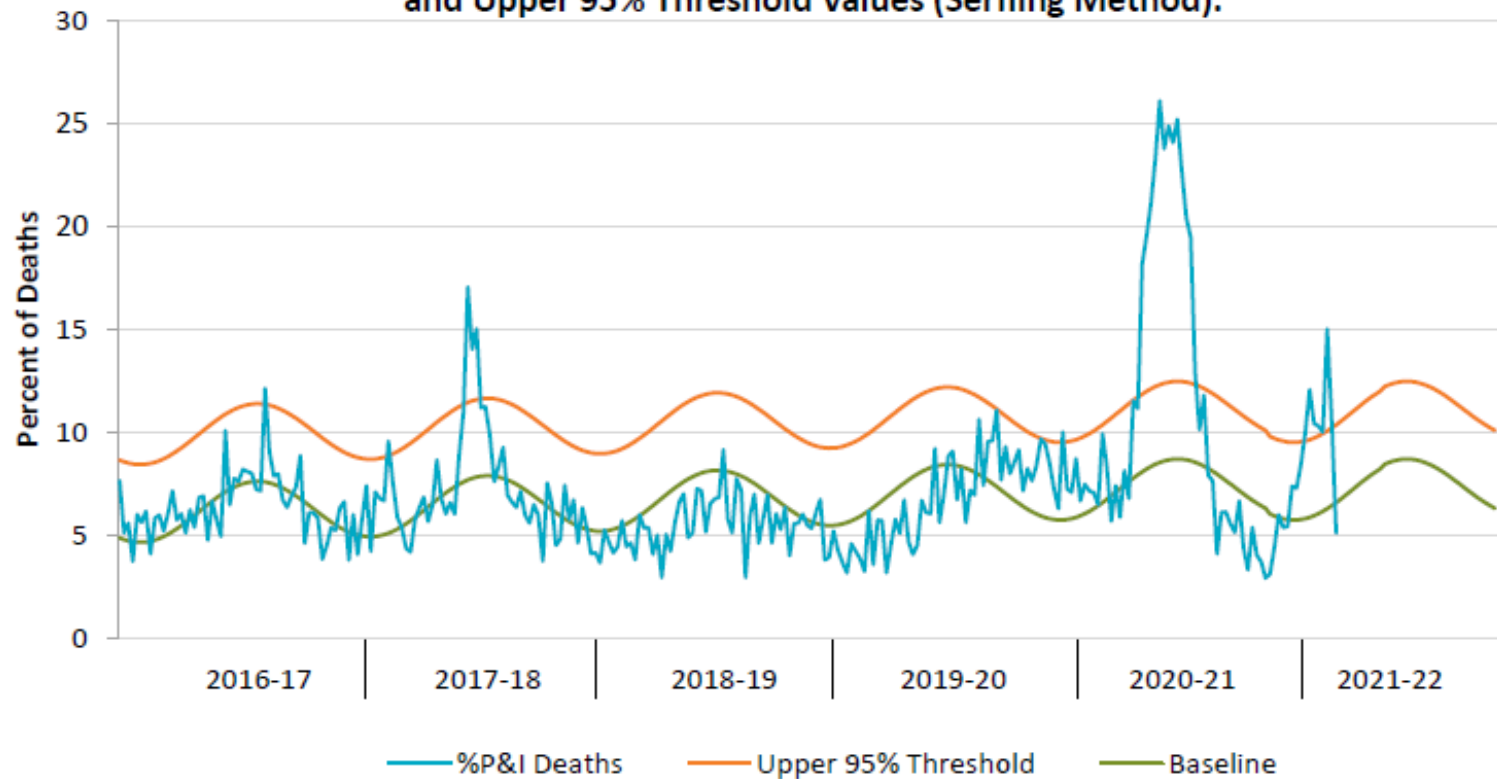
Figure 8. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by CDC Week and Season Compared to 5-Year Baseline and Upper 95% Threshold Values (Serfling Method).



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Figure 9. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by CDC Week and Season Compared to Prior 5-Year Baseline and Upper 95% Threshold Values (Serfling Method).



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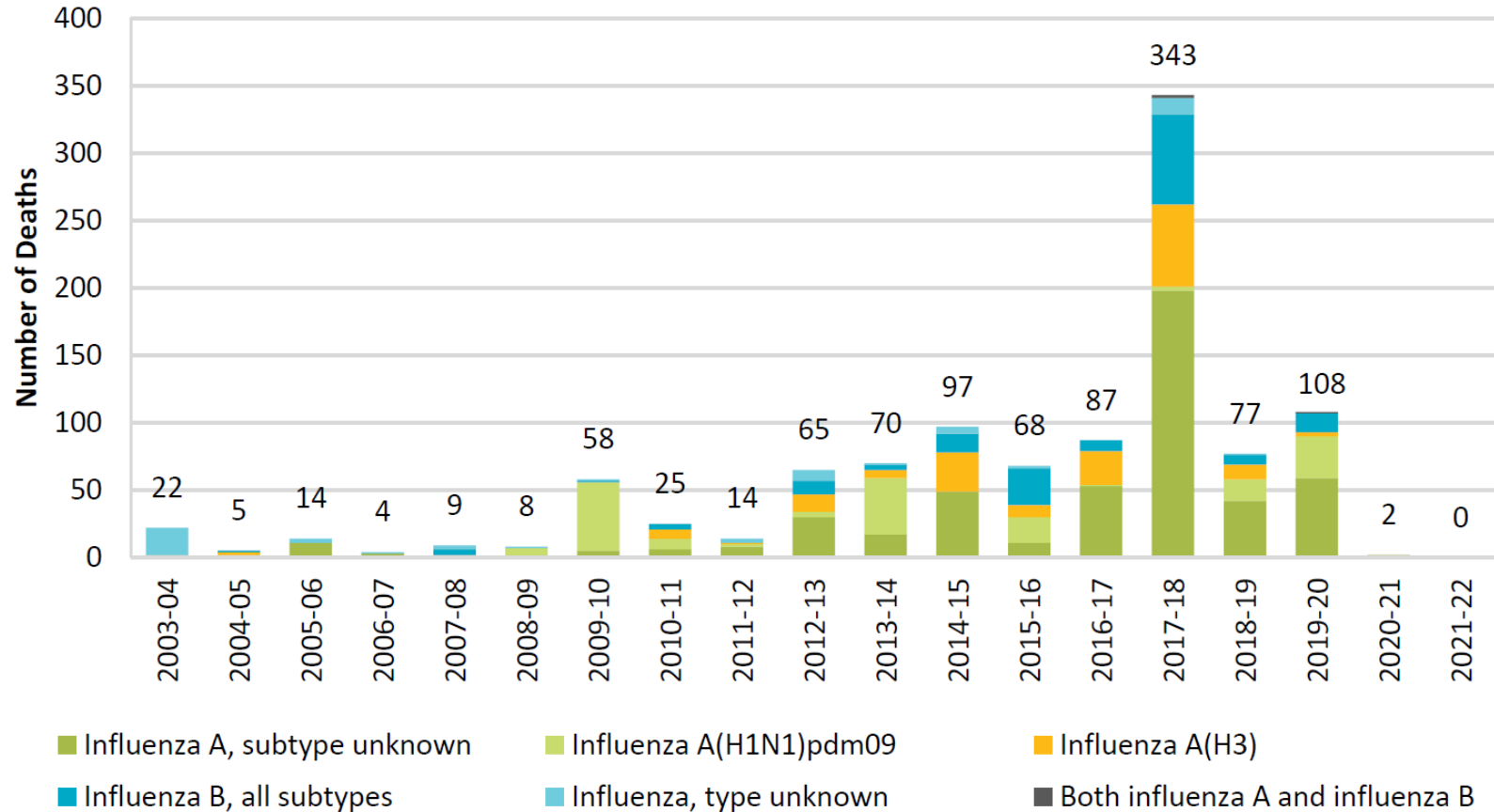
Data Source: Vital Records Information System (VRIS)

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Figure 10. Influenza Deaths by Type and Season.



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Preliminary Results

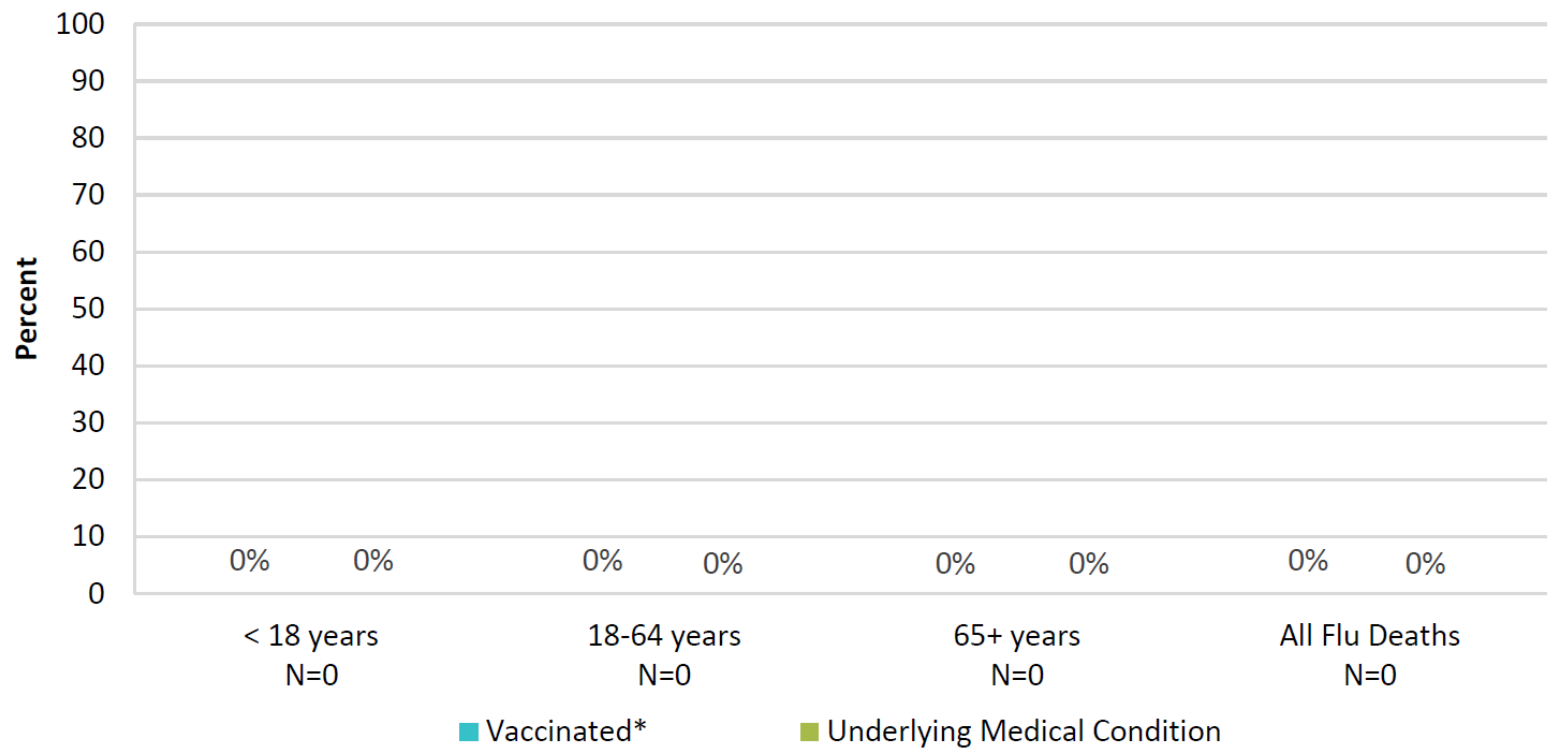
Data Source: San Diego County Communicable Disease Registry

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Figure 11. Percent of Influenza Deaths by Age Group, Vaccination Status, and Underlying Medical Condition, 2021-22 Season.



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CDC Reports Two New Variant Influenza (Flu) Virus Infections

On October 22, 2021, the Centers for Disease Control and Prevention (CDC) [reported two new U.S. human infections](#) with influenza viruses that usually spread in pigs and not people. These types of infections are called “variant influenza virus” infections and denoted with the letter “v” after the influenza subtype. One of these variant influenza virus infections is the first to occur during the 2021-2022 flu reporting season (i.e., from October 2021 through September 2022). These infections serve as a reminder of the importance of [following CDC’s recommended precautions](#) around swine as well as the importance of ongoing surveillance to detect potential pandemic viruses.

Variant virus infections occur rarely, and usually in the context of exposure to pigs when they happen. In a small proportion of these infections, a pig exposure cannot be identified. In these situations, limited human-to-human transmission of a variant influenza may have occurred. Of the two just reported, one of the patients had contact with pigs prior to illness onset; but the other had no known direct or indirect swine exposure. It is possible that limited human-to-human spread occurred in this case, however, no ongoing human-to-human spread has been identified (with either patient).

There are three main groups of influenza viruses that commonly spread among pigs in the United States: H1N1, H1N2, and H3N2 viruses. These viruses have important antigenic and genetic differences from seasonal influenza A viruses that affect humans. Pigs can be infected by avian influenza and human influenza viruses, as well as swine influenza viruses. When influenza viruses from different species infect pigs, the viruses can reassort and new viruses that are a mix of swine, human and/or avian influenza viruses can emerge. This is thought to have happened in 2009 when a new H1N1 virus with genes of avian, swine and human origin emerged to cause a flu pandemic.

In 2005, these infections became nationally notifiable. Since then, a total of 497 variant influenza virus infections (of different influenza A virus subtypes) have been identified in the United States and [reported to CDC](#) ranging from a high of 321 during the 2011-2012 flu season to a low of one during the 2018-2019 and 2019-2020 seasons. More than 90% of those infections were associated with attendance at agricultural fairs. Following that season, CDC implemented significant education and outreach efforts to raise awareness about the public health concerns related to exposure to pigs. Since then, identification of variant influenza virus infections has been less common, particularly for those associated with agricultural events.

The two newest infections, one an H3N2v virus and the other an H1N1v virus, occurred in children. Neither child was hospitalized, and both have recovered or are recovering from their illness. However, variant influenza virus infections also can cause serious illness, resulting in hospitalization and death. Influenza antiviral drugs used to treat seasonal flu can be used to treat variant influenza virus infection in children and adults.

CDC has guidance for [people who work or interact with pigs](#) and for [people attending fairs](#) where pigs might be present, including additional precautions for people who are at [increased risk](#) of serious flu complications. In general, the risk to the public from these infections is considered low, but each case of human infection with a variant influenza virus should be fully investigated to be sure that such viruses are not spreading in an efficient and ongoing way in humans. CDC reports these cases in [FluView](#).